

Entered - 02/02/01 - sb
CL01L0083 - DIANNE C. MITCHELL

CLAIM OF: MARTA
2424 Piedmont Road
Atlanta, Georgia 30324-3330

01-*R*-0277

For damages alleged to have been sustained as a result of a vehicular accident on September 17, 1999 at Metropolitan Parkway and Cornell Boulevard.

THIS ADVERSED REPORT IS APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert J. O'Connell*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0083

Date: February 8, 2001

Claimant /Victim MARTA
BY: (Atty)(Ins. Co.) _____
Address: 2424 Piedmont Avenue, NE, Atlanta, Georgia 30324-3330
Subrogation: Claim for Property damage \$ 256.01 Bodily Injury \$ _____
Date of Notice: 01/11/01 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 09/17/99 Place: Metropolitan Parkway and Cornell Boulevard
Department Police Division: _____
Employee involved N. S. Holmes Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that the City driver caused a collision that resulted in damage to its vehicle. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired prior to receipt of the claim.

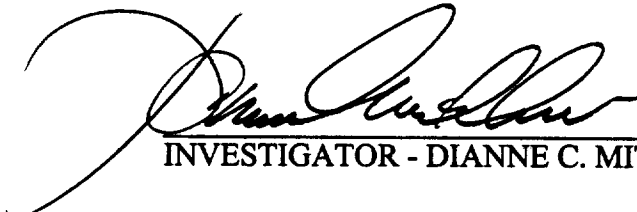
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____


BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 02-08-01
Committee Action: _____ Council Action _____

January 10, 2001

City of Atlanta Risk Management
Attention: City Attorney
68 Mitchell Street, S.W. Ste 9100
Atlanta, Georgia 30335

Our Claim # : 0-4701F03
Date of Accident: 09/17/99
Insured: City of Atlanta
Policy #: unknown

ENTERED - 2-2-01 - SB
01L0083 - DIANNE MITCHELL.

Mitchell
02/01/01
Da



Dear Sir/Madam:

Enclosed are the following documents which support MARTA's property damage claim as referenced above.

I Police Report: Enclosed ☒ Not Enclosed ☐
II Repair costs to bus: 1838

Please forward your check in the amount of \$256.01 for payment of MARTA's property damage claim. Please do not place full release language on the check. MARTA will only accept property damage checks with property damage only release language. All other checks will be returned.

Please make the check payable to MARTA and mail to my attention at the following address:

MARTA
Office of Risk Management
Attn: Sylvia Crisp
2424 Piedmont Road, N.E.
Atlanta, Georgia 30324-3300

Sincerely,

Sylvia Crisp

Sylvia Crisp
Claims Adjuster I
(404) 848-4524

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